USER CHARGE SELF MONITORING REPORT

JUL 15 2008

AMNEAL PHARMACEUTICALS NAME:

MCLEAN BLVD., PATERSON, NJ 07504 ADDRESS: 209

209 MCLEAN BLVD., PATERSON, NJ 07504 FACILITY LOCATION:

NEW CUSTOMER ID / OUTLET ID: 27200050-1 OLD OUTLET DESIGNATION:

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DAY THIS PERIOD

| DATE | BOD | TSS |
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| 0/10/08 | 58,2 mall | TSS 28.0mg/L |
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT | TYPE NAME AND TITLE | TELEPHONE NUMBER | | |
|---|---------------------|------------------|--|--|
| Senen Roxus for | JITEN PARIKH | 973-357-0112 | | |
| J | VICE PRESIDENT | | | |
| | | DATE 7-14-08 | | |

PVSC FORM MR-2 REV.3 6/93



METHOD USED

TOTAL WATER USED

6,883.7 (6/30/08) - 6,773.9 (6/1/08) = 110 CF1 X 7.48 X 100 = 82,130/21 DAYS = 3,911 TotalFlow - Gal/Day.

SANITARY USED

 $1,368 (6/30/08) - 1,325 (6/1/08) = 43 \times 7.48 \times 100 = 32,164/21 \text{ DAYS} = 1,532 \text{ Flow}$ Gal/Day.

REGULATORY/TOTAL = 2,379/3,911 = 0.6

SITE PLAN: NO CHANGE

973-335-CALI FAX 973-335-0556

CAUD

COMPLETE ANALYSIS LABORATORIES INC.

Dr. Karim Zirvi Amneal Pharmaceutical Corp. 209 McLean Blvd. Paterson, NJ 07054 WEBSITE: www.calilabs.com 1259 Route 46, Building #4/C

E-MAIL: calilabs@earthlink.net

Parsippany, NJ 07054-4909

NJDEP Certified Laboratory No. 14964

ANALYSIS REPORT

| REPORT DATE: JUNE 25,2008 | |
|---------------------------|---|
| PROJECT NO: 813598 | |
| LAB ID NO: 813598.1 | - |
| FIELD ID NO: AP-0610 | - |

Sample: Liquid, Sampled by CALI on 6/10/08

| Parameter | Method No | Result | esult Analysis | | ılt Analysis RLs | | DF |
|------------------|-----------|--------|----------------|--------|------------------|--|----|
| | | (mg/L) | Date Time | (mg/L) | | | |
| BOD ₅ | 405.1 | 58.2 | 6/11/08 8:09 | 2.0 | 1 | | |
| TSS | 160.2 | 28.0 | 6/10/08 13:30 | 4.0 | 1 | | |
| | | | | | | | |

Definitions:

pH Unit, J= Compound Detected but Below MDL, RLs= Laboratory Reporting Limits, MDL= Method Detection Limit, DF= Dilution Factor, ND = Not Detected RL = MDL x DF

Approved By:

Zvi Blank, Ph.D., CHMM Laboratory Director

The Standard of Excellence in Laboratory Service

CHAIN OF CUSTODY

COMPLETE ANALYSIS LABORATORIES, INC.

PAGE OF L (Lab use only) No. 81358

1259 ROUTE 46 BLDG. # 4 PARSIPPANY, NJ 07054-4909 PHONE: (973)335-CALI FAX: (973)335- 0556 NJDEP LAB CERTIFICATION # 14964

DELIVERABLES: CTD REDUCED FULL (CIRCLE ONE) OTHER (Specify)

 CLIENT
 AMNEAL PHARMACEUTICAL.

 ADDRESS
 209 MCLEAN BLVD.

 CITY
 PATERSON

 STATE
 NJ
 ZIP
 07054

| CONTACT | DR. ZIRVI | PHONE | (973357-0222 |
|--------------|-----------|--------|--------------|
| PROJECT | | WASTEN | /ATER |
| SAMPLER | name G. A | m | sign Co |
| WITNESSED BY | name | | |

| LAB ID | FIELD ID | SAMPLING DATE/TIME | M | T | No | P | ANALYSIS |
|----------|--------------------|-----------------------------|----|---|----|-------|----------------------------|
| 812098.1 | AP- 06(0 | 6/10/08 11:53 | A | С | 1 | С | BOD,TSS |
| 87268.1 | AP- 06 (0 | 6/10/03 11:53 | Α | С | 1 | Hn,C | Cu, Zn, PG, |
| 813598.2 | AP- 06106 | 6(10/08 17:00 | Α | G | 2 | H,C | VOC* |
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| REMARKS | * VOC TO INCLUDES: | ACETONE, METHYLENE CHLORIDE | | | | | |
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| | SAMPLING FREQUEN | NCY - 30 MINUTES. | | | | month | У |

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| TURNAROUND TIME: | | | | | PRIOR | ITY AU | THORIZ | ATION: | |
| M = MATRIX A - AQUI | | | | P - POTABLE SO - SOLID | WATER | | | - SOIL - OTHER | O - OIL |
| T= TYPE C - COMP | | POSITE G - GRAB | | | | No. = NUMBER OF CONTAINERS | | NTAINERS | |
| P = PRESERVATIVE H ₂ - H ₂ SO | | H ₂ - H ₂ SO ₂ | Hn-HNO₃ | H-HCI | N -N | аОН | A -ASC | ORBIC ACID | C - COOL TO 4 ^O C |
| S G-010 RFV | G-010 REV 4/96 | | | | | | | | |

for regulatory compliance

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NAME: ADDRESS: FAX NO.

P. 12

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DAY THIS PERIOD

FACILITY LOCATION: NEW CUSTOMER ID / OUTLET ID:

OLD OUTLET DESIGNATION:

| | START | | | END | |
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| 6 | 1 | 08 | 6 | 30 | 08 |
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| DATE | BOD | TSS |
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I certify under penalty of law that this document and all attachments were prepared under my direction accordance with a system designed to assure that qualified personnel properly gather and evaluate the in submitted. Based on my inquiry of the person or persons who manage the system, or those persons direct for gathering the information, the information submitted is, to the best of my knowledge and belief, true, : curate of complete. I am aware that there are significant penalties for submitting false information, including the passibility of fine and imprisonment for knowing violations.

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| SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT | TYPE NAME AND TITLE | TELEPHO | ENUMBER |
|---|---------------------|---------|---------|
| Senen Rossus for | JITEN PARIKH | 973-3 | 57-0222 |
| J | VICE PRESIDENT | | |
| | | DATE 7- | 4-08 |

PVSC FORM MR-2 REV.3 6/93

JUL-14-2008 MON 01:29 PM

FAX NO.

P. 13



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SITE PLAN: NO CHANGE

NJDEP Certified .aboratory No. 14964 973-335-CALI

FAX 973-335-0556

P. 14

E-MAIL alilabs@earthlink.net

WEBS E: www.calilabs.com

1259 R ...te 46, Building #4/C Parsi Dany, NJ 07054-4909



COMPLETE ANALYSIS LABORATORIES INC.

Dr. Karim Zirvi Amneal Pharmaceutical Corp. 209 McLean Blvd. Paterson, NJ 07054

ANALYSIS REPORT

| REPORT DATE: JUNE 25,2008 |
|---------------------------|
| PROJECT NO: 813598 |
| LABID NO: 813598.1 |
| FIELD ID NO: AP-0610 |

Sample: Liquid, Sampled by CALI on 6/10/08

| Parameter | Method No | Result | Analysis | RLs | DF |
|------------------|-----------|--------|---------------|--------|----|
| | | (mg/L) | Date Time | (mg/L) | |
| BOD ₅ | 405.1 | 58.2 | 6/11/08 8:09 | 2.0 | 1 |
| TSS | 160.2 | 28.0 | 6/10/08 13:30 | 4.0 | 1 |
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Approved By:

Zvi Blank, Ph.D., CHMM Laboratory Director

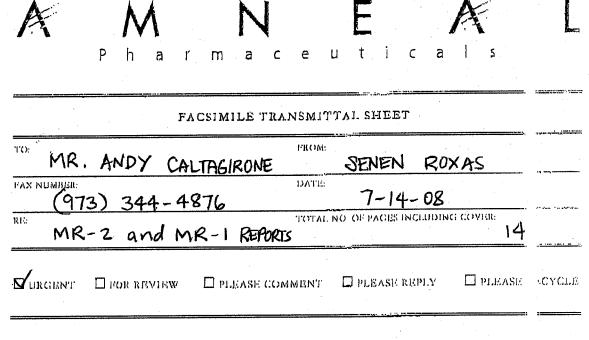
FAX NO.

P. 11

| | CHAIN | OF | CUS | T | OD | Y |
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| | 1200 110 | V I C 40 BLDG | YSIS LABOI .#4 | RATORIES, | | | | | • • | ¹ (Lab⊥ | e only) No. 813598 |
|---------------|---------------------|--|----------------------------------|--------------------------|------------|------------------|------------------|----------------|-----------|---------------|--|
| | PHONE: FAX: (97: | PANY, NJ 0705 (973)335-CAL 3)335- 0556 AB CERTIFICA | 4-4909 .I ATION# 14964 | | DE (CII | LIVERA RCLE O | BLES: NE) | | OTHER | REDL (Spec | ED FULL y) |
| CLIENT | | MNEAL PHARMA | | | | ONTACT | | | | 1 | |
| ADDRES | | 9 MCLEAN BLVD | | | | | - Di | R. ZIRI | | PHONE | (973357-0222 |
| Gritary | | | · | | | PROJECT WASTE | | | | | ATER |
| CITY | | ATERSON | SON | | | | na | sign Co | | | |
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| LABID | , | FIELD ID | SAMPL | ING DATE/TI | VIE | M | т | No | P | | NALYSIS |
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| REMARKS | S | * VOC TO INCLL | DES: ACETONE, | METHYLENE CH | ILORIDE | | - - | | : | | 11 |
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| P = PRESI | ERVATIV REV 4/98 | E H2- H2SO4 | Hn-HNO ₃ | H-HCI | N-Na | HOE | | *********** | BIC ACID | | COOL TO 4 °C |
| , , , , , , , | 1- V 7/8/0 | | | | | | | | | | |

P. 01



Dear Mr. Caltagirone:

Please see attached MR-2 and MR-1 r ports. Hard copies are being sent via DHL next dayservice. Thank you.

Sincebely your,

Sonen Roxaz 7-14-08

for Jiten Parik,

Vice President

FAX NO.

P. 02



July 14, 2008

Mr. Andy Caltagirone
Manager of Industrial & Pollution Control
Passaic Valley Sewerage Commissioners
600 Wilson Ave.
Newark, NJ 07105

Dear Mr. Caltagirone:

Enclosed are MR-2 and MR-1 periodic compliance monitoring reports, which are due on 7/21/08 and 8/4/08, respectively.

Thank you.

Sincerely yours,

r: Jiten Parikh Vice President